

EXHIBIT 1

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*Dr. Oluwafemi
Charles Igberase*

I hereby certify that the attached diploma or other credential for the individual noted above is authentic and correct and that I am authorized to certify this on behalf of this institution.

[Signature]

Signature

3rd June, 1992

Date

JUDE UZOMA OHAERI

Name (Please Print or Type)

SUB-DEAN (UNDERGRADUATE) ✓

Title

COLL OF MED, UNIVERSITY OF IBADAN, NIGERIA.

Name of Medical School

WIL DEAN (UNDERGRADUATE)
FACULTY OF DENTISTRY
COLLEGE OF MEDICINE
UNIVERSITY OF IBADAN
IBADAN NIGERIA

I cannot certify that the diploma or other credential for the individual noted above is authentic and correct because _____

Signature

Date

Name (Please Print or Type)

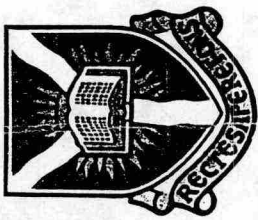
Title

Name of Medical School

Seal

Form 399A
March 1987

University of Ibadan



Charles Oufemi Igberaese

having fulfilled all the requirements of the University
and passed the prescribed examinations has this day
been admitted to the degree of

Bachelor of Medicine

and

Bachelor of Surgery

[Signature]
VICE-CHANCELLOR

[Signature]
REGISTRAR

DATE *June 19, 1987*

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[Handwritten signature]

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DEPARTMENT OF HEALTH
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Principal of Embassy

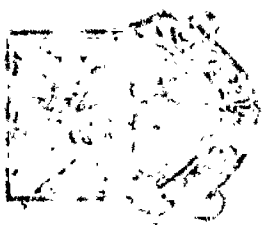
and

Director of Medicine

been admitted to the practice of

and based on prescribed examinations per the exam
having fulfilled all the requirements of the University

of Medical Education



UNIVERSITY OF MEDICINE

University of Ibadan



Charles Olufermi Igberaese

having fulfilled all the requirements of the University
and passed the prescribed examinations has this day
been admitted to the degree of

Bachelor of Medicine
and
Bachelor of Surgery

[Signature]
VICE-CHANCELLOR

DATE

June 19, 1987

[Signature]
REGISTRAR

10/28/19

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